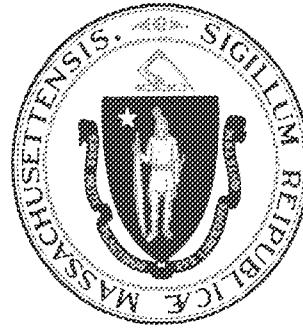


PROJECT SAFE NEIGHBORHOODS



		Federal Share	Match Share	Total
A	Personnel	-	-	-
B	Fringe	-	-	-
C	Indirect	-	-	-
D	Consultants	-	-	-
D	Contracts	-	-	-
E	Travel	-	-	-
F	Equipment	-	-	-
G	Supplies	-	-	-
H	Other	-	-	-
	Totals:	-	-	-

Applicant Organization: _____

Executive Office of Public Safety
Project Safe Neighborhoods Grant Program
Budget Worksheet

Budget Breakdown

A. Personnel—List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project.

B. Fringe Benefits—Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category A and

C. Indirect Costs—*Indirect costs are allowable only if the applicant has a Federally negotiated and approved indirect cost rate. A copy of the rate approval, (a fully*

Name/Position/Contractor/Consultant	Salary to Program	Indirect Rate	Cost
			-
			-
			-

				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total:	-

D. Consultants/Contracts—Indicate whether applicant's formal written Procurement Policy or the Federal Acquisition Regulations are followed.

Consultants—For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in

Name of Consultant	Rate	Number of Hours/Days	Brief Description of Service	Cost
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total:	-

Contracts—Provide a description of the product or services to be procured by contract and an estimate of the cost. Applicants should use a competitive process for

Item	Cost	Description of Services	Cost
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
			-
		Total:	-

E. Travel—Travel costs (lodging, airfare, meal reimbursement) associated with the PSN grant must be in accordance with either the federal or an organizationally-approved

Travel Location	Travel Item	Travel Cost	Description of Item and Cost	Cost
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total:	-

F. Equipment—List non-expendable items that are to be purchased. (Note: Organization's own capitalization policy for classification of equipment should be used).

Item	Quantity	Per Unit Cost	Brief Narrative	Cost
				-
				-
				-
				-
				-
				-
				-
				-
			Total:	-

| G. *Supplies*—List items by type (office supplies, postage, training materials, copying paper, and other expendable items such as books, hand held tape recorders) and show

Supply Item	Quantity	Per Unit Cost	Brief Description	Cost
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total:	-

| H. *Other*—List items (e.g., rent, reproduction, telephone, janitorial services) by major type and the basis of the computation. For example, provide the square footage and the

Description	Quantity	Rate	Brief Description of how arrived at Rate and Quantity	Cost
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
				-
			Total:	-
TOTAL:				-